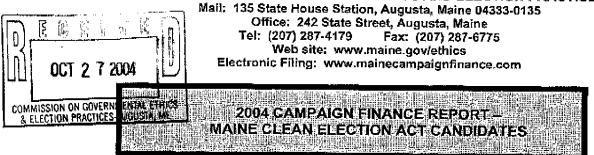
Oct 27 04 06:44p

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STATE OF MAINE

## COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES



(Please Complete ALL Entries)

	(riease Complete /	N.L. Entries)	
Name of CANDIDATE Michael	S. Hiltz		
Mailing address 159 Glenvo	od Ave.		CHECK IF CHANGE
City, zip code <u>Poetland</u>	04103		SINCE PREVIOUS REPORT
Telephone number 207. 650. 242	O Fax	_E-mail <u>michaelshilt2@</u> l	notmail.com
So. 24 <u>2</u> الجام عند الجام 1 ما 1 حواله الجام 1 ما 1 حواله الجام 1 ال	ny <u>Cammittee</u> to E	lect michael S. Hiltz	
Election Year 2004 Office Soug	int <u>Representati</u>	C District Number ((5	ş
Name of TREASURER _ Same a	os alove.		
Mailing address			_
City, zip code			CHECK IF CHANGED SINCE PREVIOUS REPORT
Telephone number	Fax	E-mail	
Type of Report (check applicable):	<u>Due date</u> :	Period included:	
( ) 6-Day Pre∗Primary ( ) 42-Day Post-Primary (ズ) 6-Day Pre-General ( ) 42-Day Post-General	June 2, 2004 July 20, 2004 October 27, 2004 December 14, 2004	Last Report – May 27, 2004 May 28, 2004 – July 13, 2004 July 14, 2004 – October 21, 2004 October 22, 2004 – December 7,	4 2004
( ) Amendment to:	•		2004
( ) Other (specify):			
CERTIFY THAT I HAVE EXAMINED THIS REPO	ORT AND TO THE BEST OF M	Y KNOWLEDGE IT IS TRUE, CORRECT A	ND COMPLETE.
1/4- à	T 27 04	1/1/	OT 27.04
Treasurer's Signature	Dăte 🖊 '	Candidate's Signature	Date

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Oct 27 04 06:44p

Melodi Hackett

1-207-780-1345

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Michael 5. Hiltz MCEA Candidate Name

# Schedule A

## Cash Receipts

Itemize each cash receipt during this reporting period, including initial distributions and matching funds payments received under the Maine Clean Election Act. For matching fund payments, indicate the amount the Commission has authorized you to spend.

Date	Source (MCEA initial distribution, payment of matching funds)	Amount Received	Amount Authorized to be Spent	
6/28/04	MCEA Initial Distribution	# 4032.00	\$4032.00	
	Matching Funds Payment			
	Additional Authorization to Spend Matching Funds			
	Additional Authorization to Spend Matching Funds			
	Additional Authorization to Spend Matching Funds			
	Additional Authorization to Spend Matching Funds			
	Additional Authorization to Spend Matching Funds		·	

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CGEEP Form C-1/B (Rev. 5/04) (Duplicate as needed)

р.3

michael s. Hiltz

CANDIDATE'S FULL NAME

temize each expenditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expenditure that may not be clearly itemized under one of the other categories.

SCHEDULE B

(Schedule B only)

27 0	4 06:45	5 <b>p</b>	Melod	i Hack	(ett			1-207-	-7 <b>8</b> 0 - 1	345
3. TOTAL EX (add lines	(Complete lir only) 2. Total from	1. Total exper (Total each	9/1	1/18	81/8	8/9	8/4	7/26	7/24	DATE EXPENDITURE MADE OR AUTHORIZED
TOTAL EXPENDITURES BY GAIEGORY (add lines 1 and 2)	Complete lines 2 and 3 on <u>lest page</u> of Schedule B only) Total from attached Schedule B pages	Total expenditures this page only (Total each column)	wal walet	Kanga web	melan Stencil	Tom may	Dale Parel Preinting	tom Lucy	ups stoke	NAME OF EACH PAYEE
ប៊ា		36.27	34.27							GENERAL OPERATIONS (Fundraising, travel, etc.)
b.		338.85		38.85		100.00		200,00		ADVERTISING (Radio, TV, newspaper, etc.)
ç,	-	212.32			(05,00		105.39		2.b.]	PRINTING / POSTAGE, etc. (Direct mail, campaign lit., signs, etc.)
p.						-				SALARIES & COMPENSATION
ţ.										OTHER (Describe purpose in remarks)
	Total 3a — 3s. Enter on Schedule G,		office supplies/	met space pental	sign stencil	met design	siqus	wel design	postage	REMARKS

CGEEP Form C-1/8 (Rev. 5/04) (Duplicate as needed)

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Oct 27,04 06:45p

Melodi Hackett

1-207-780-1345

michael s. Hiltz CANDIDATE'S FULL NAME

Itemize each expenditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expenditure that may not be clearly itemized under one of the other categories.

SCHEDULE B EXPENDITURES

<ol> <li>TOTAL EXPENDITURE (add lines 1 and 2)</li> </ol>	(Complete lin only) 2. Total from a	1. Total expen (Total each	11/19	9/16	apro	8/8	alz.	1/1	U1	DATE EXPENDITURE MADE OR AUTHORIZED
TOTAL EXPENDITURES BY CATEGORY (add lines 1 and 2)	(Complete lines 2 and 3 on <u>last page</u> of Schedule B <u>only)</u> Fotal from attached Schedule B pages	1. Total expenditures this page only (Total each column)	Home Depot	Matt Nutter	rus printing	pathy & Daves	Home Depot	Shows	Papa Johns	NAME OF EACH PAYEE
įσ		36.72					36.72			GENERAL OPERATIONS (Fundraising, travel, equipment, etc.)
5							,			ADVERTISING (Radio, TV, newspaper, etc.)
Ģ		465.90	(02.53	50.37	3 3.00					PRINTING / POSTAGE, etc. (Direct mail, campaign lit., signs, etc.)
ò.								·		SALARIES & COMPENSATION
ğ.		59.43				16.91		20.83	21.69	OTHER (Describe purpose in remarks)
Line 8.	Total 3a - 3e. Enter on Schedule G.		paint/supplies	anaphic designs	Campapu signs	pencied for markers	Tassa for compaign	pefpeshments	compaign makers	REMARKS

(Schedule B only)

p.5

michael s. Hiltz CANDIDATE'S FULL NAME

Itemize each expenditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expenditure that may not be clearly itemized under one of the other categories. SCHEDULE B EXPENDITURES

Page 3 of 4 (Schedule B only)

Oct	27 04	06:45	p !	Melod	i Hack	ett			1-207-	780-1	345
	3. TOTAL EX	(Complete ling of the complete ling) 2. Total from	1. Total exper	10/12	10/12	nfol	9/24	glez	9/22	9/21	DATE EXPENDITURE MADE OR AUTHORIZED
CGEEP Form C-1/B (Rev. 5/04) (Duplicate as needed)	TOTAL EXPENDITURES BY CATEGORY (add lines 1 and 2)	(Complete lines 2 and 3 on <u>last page</u> of Schedule B <u>puly)</u> Total from attached Schedule B pages	Total expenditures this page only (Total each column)	HINKOS	Cyller Copy	tathy & bowes	Kartuy i bowe's	SNO	Aubuchon	Home Depot	NAME OF EACH PAYEE
	ប្		7.23					7.23			GENERAL OPERATIONS (Fundralsing, trave), equipment, etc.)
	<b>ь</b> .										ADVERTISING (Radio, TV, newspaper, etc.)
	c.		200.98	7.56	10.50				20.88	162.04	PRINTING / POSTAGE, etc. (Direct mail, campaign lit., signs, etc.)
	p.										SALARIES &
	đ.		32.95			16.11	16.84				OTHER (Describe purpose in remarks)
	Foral 39 – 36, zinter on Scheduse G, Line 8.				1000 Fiyers	penard	campaign makers.	office Supplies	Staples/schansfor	phywood/Brushes/	REMARKS

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CGEEP Form C-1/B (Rev. 5/04) (Duplicate as needed)

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1-207-780-1345

CANDIDATE'S FULL NAME

Itemize each expenditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expenditure that may not be clearly itemized under one of the other categories.

SCHEDULE B EXPENDITURES

Page 4 of T (Schedule B only)

27, 04	06:45	ip q	Melod	i Hac	kett			-780-1	345
3 TOTAL EXI (add lines 1	(Complete lin <u>only)</u> 2. Total from a	1. Total expen (Total each				-,	10/21	10/13	DATE EXPENDITURE MADE OR AUTHORIZED
TOTAL EXPENDITURES BY CATEGORY (add lines 1 and 2)	(Complete lines 2 and 3 on <u>last page</u> of Schedule B <u>enty)</u> Total from attached Schedule B pages	Total expenditures this page only (Total each column)					M3 PRINTING	katuy j banés	NAME OF EACH PAYEE
80.22	80,12								GENERAL OPERATIONS (Fundraising, travel, equipment, etc.)
338.85	338.85								ADVERTISING (Radio, TV, newspaper, etc.)
1268.20	819.20	389.00					389.00		PRINTING / POSTAGE, etc. (Olrect mail, campaign fil., signs, etc.)
Ċ.									SALARIES & COMPENSATION
102.38 E.	42.38	10.00						10.00	OTHER (Describe purpose in remarks)
Fotal 3e ~ 3e. Enter on Schedule G, Line 8. [789.30							Signs	pervised for	REMARKS

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el S. Hiltz Candidate's full name

Melodi Hackett

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# SCHEDULE E TOTAL OUTSTANDING BILLS (OTHER THAN LOANS)

Page of (Schedule E only)

List unpaid bills at close of this period. List bills previously reported if still unpaid.

Do not include actual expenditures on this schedule.

DATE OBLIGATION INCURRED	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT	
		·		
			·	
			_	
		i		
1. Total outs	Ø			
(Complete lines 2 and 3 on <u>last page</u> of Schedule E <u>only</u> )  2. Total from attached Schedule E pages ( to) ,				
3. TOTAL OU	JTSTANDING BILLS (add lines 1 and 2) .	***************************************	Enter art Sch. 9, ),ine 11	

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SCHEDULE F CAMPAIGN EQUIPMENT/PROPERTY INVENTORY

List items with an aggregate value in excess of \$50 at close of this period. Items must be listed until aggregate fair market value is \$50 or less, or until item is reported in Part II. Include only equipment or property that may be converted to personal use and is not exclusive to the campaign such as a computer, telephone/fax, photocopier, automobile, etc. Exclude signs, stationery, campaign literature, etc.

#### PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

DATE RECEIVED (from Schedulo A) or DATE PURCHASED (from Schedule B)	DESCRIPTION OF EQUIPMENT OR PROPERTY	PURCHASE PRICE OR ESTIMATED VALUE WHEN ACQUIRED	FAIR MARKET VALUE (at close of this reporting period)
1. TOTAL ESTIMAT CLOSE OF	ATED VALUE OF CAMPAIGN PROPER THIS PERIOD	RTY	Ø

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY THIS PERIOD

			Column 1	Column 2
DATE SOLD, DONATED OR TRANSFERRED	NAME AND ADDRESS OF PURCHASER, DONEE, OR TRANSFEREE	DESCRIPTION OF PROPERTY	SALE PRICE OR FAIR MARKET VALUE	VALUE OF DONATION TO CHARITABLE OR EDUCATIONAL ORGANIZATION
2 TOTAL AC	TIVITY FROM EQUIPMENT	PROPERTY DISPOSALS	Enter on Schedule G, line 4	
THIS PERIO			Ø	

Oct 27 04 06:46p Melodi Hackett

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Michael S. Hiltz MCEA Candidate Name

### SCHEDULE G **DETAILED SUMMARY PAGE OF RECEIPTS AND EXPENDITURES**

RECEIPTS	This Reporting Period	Total This Campaign
Previous total receipts (from last report)		
Cash receipts this period (from Schedule A)		
Uniternized receipts this period (interest income, etc.)		
Sale of campaign property this period (from Schedule F)	Ø	
5. Total receipts this period (add lines 2, 3 and 4)		
6. TOTAL RECEIPTS DURING THIS CAMPAIGN (add lines 1 and 5)		

#### **EXPENDITURES**

7. Previous total expenditures (from last report)	456.00
8. Expenditures this period (from Schedule B)	(789.30
9. TOTAL EXPENDITURES DURING THIS CAMPAIGN (add lines 7 and 8)	Z245.3D

#### CASH BALANCE

	Program PANICE COSTA EN CARGO EN CONTROL DE COMPACIONE
10. CASH BALANCE END OF REPORTING PERIOD (subtract line 9 from line 6)	
10. Site is a state of the office of the off	

#### **DEBTS AND LIABILITIES**

1 A		
11. Total outstanding bills (from Schedule E)	1 723	
The rotal editational in all the properties of t	1 42	
	_	